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**FACSIMILE COVER SHEET**

DATE: DECEMBER 2, 2005

NUMBER OF PAGES (INCLUDING  
THIS TRANSMITTAL COVER SHEET): 3

OUR REFERENCE: 215875

FROM: JOHN L. GASE/EKM  
REGISTRATION NO. 47,590

DIRECT LINE: (312) 616-5727

TO: UNITED STATES PATENT AND TRADEMARK OFFICE  
COMMISSIONER FOR PATENTS  
ALEXANDRIA, VA 22313

FACSIMILE NUMBER: (571) 273-8300

IN RE APPLN. OF: SAXINGER  
U.S. PAT. APPLN. NO. 10/084,813  
FILED: February 27, 2002  
FOR: POLYPEPTIDES THAT BIND HIV GP120 AND RELATED  
NUCLEIC ACIDS, ANTIBODIES, COMPOSITIONS, AND  
METHODS OF USE

GROUP ART UNIT: 1648  
EXAMINER: JEFFREY S. PARKIN  
ATTORNEY DOCKET: 215875

**ATTACHED PLEASE FIND THE FOLLOWING DOCUMENTS:**  
REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL(2 PAGES)

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NO. 2632 P. 2/3

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<b>REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL</b>  Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application No.	10/084,813
	Filing Date	February 27, 2002
	First Named Inventor	Saxinger
	Group Art Unit	1648
	Examiner Name	Jeffrey S. Parkin
	Attorney Docket No	215875
	DHHS Reference No	E-245-1999/0-US-03

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

<b>1. Submission required under 37 CFR 1.114</b> a. <input checked="" type="checkbox"/> Previously submitted i. <input checked="" type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on August 2, 2005 (Any unentered amendment(s) referred to above will be entered.) ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on iii. <input type="checkbox"/> Other: b. <input type="checkbox"/> Enclosed i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Form PTO-1449 v. <input type="checkbox"/> Copies of References listed in Form PTO-1449 (except for U.S. patents and applications) vi. <input type="checkbox"/> Other:								
<b>2. Miscellaneous</b> a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.) b. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 c. <input type="checkbox"/> Other:								
<b>3. Fees</b> The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. <input checked="" type="checkbox"/> Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith. i. <input checked="" type="checkbox"/> RCE fee of \$790.00 (large entity) required under 37 CFR 1.17(e) <span style="float: right;">\$790.00</span> ii. <input type="checkbox"/> One-month extension of time fee of \$120.00 <span style="float: right;">0.00</span> iii. <input type="checkbox"/> An extension for _____ has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total amount of extension now requested. <span style="float: right;">0.00</span> iv. <input checked="" type="checkbox"/> Petition for an extension of time (including the period noted above, if checked), as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee. v. <input type="checkbox"/> Suspension of action fee of \$130.00 (37 CFR 1.17(i)) <span style="float: right;">0.00</span> vi. <input type="checkbox"/> Other: <span style="float: right;">0.00</span> vii. <input type="checkbox"/> Claim fee								
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	18	MINUS	47	= 0	x 25=	\$	x 50=	\$0.00
INDEPENDENT	1	MINUS	7	= 0	x 100=	\$	x 200=	\$0.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 180=	\$	+ 360=	\$0.00
Claim fee total								\$0.00
Total amount to be charged to Deposit Account								\$790.00
b. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216								

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12/05/2005 RBINAS 00000000 121216 10004813

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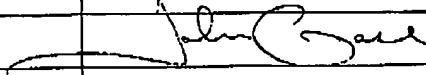
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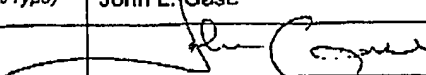
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NO. 2632 P. 3/3

In re Application of Saxinger  
Application No. 10/084,813REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL  
(CONTINUED)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED			
Name (Print/Type)	John L. Gase	Registration No. (Attorney/Agent)	47,590
Signature		Date	December 2, 2005
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)

MAILING/TRANSMISSION CERTIFICATE UNDER 37 CFR 1.8 OR 1.10			
I hereby certify that this document and all accompanying documents are, on the date indicated below, being <input type="checkbox"/> deposited with the U.S. Postal Service using "Express Mail" service in an envelope addressed in the same manner indicated on this document with Express Mail Label Number, <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed in the same manner indicated on this document, or <input checked="" type="checkbox"/> facsimile transmitted to the U.S. Patent and Trademark Office at fax number: (571) 273-8300.			
Name (Print/Type)	John L. Gase	Date	December 2, 2005
Signature			

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RCE Transmittal (Revised 4/8/05)